

Application Deadline: September 1, 2002

Company Information: Ple	ase complete the information <u>exactly</u> as you would lik	e it to appear in conference materials.
Company:		
Address:		
City:	State:	Zip:
Telephone:	Fax:	
Principal Contact:	Title:	
E-mail:		
Signature:		
	All correspondence will be with the person leve the complimentary conference registration	
Yes, our company will par ☐ Platinum Sponsor ☐ Gol Specify sponsorship amount: \$ _	d Sponsor \square Silver Sponsor \square Bronz	e Sponsor
Names of individuals who conference registrations:	o will staff the booth and/or reco	eive the complimentary
If there are individuals listed aboadditional registrant. Brief explanation of servi	ove that exceed your sponsorship level allotme	ent, you will be invoiced \$190 for each
Company web site addres As a sponsor, there is no charge	s:to link your company web site from the confi	erence web site.
	ponsorship level for complimentary advertiser Quarter-Page	ment size:
Promotional Brochures: A to be inserted in the conference		there is no charge for your company's literature
☐ Please Invoice Purchase On	e to Friends of the Missouri Women's Counc der Number:	il.
Please complete & return	to: Friends of the Missouri Women's Court Attn: Workforce Development Conference	ncil

P.O. Box 1684

Jefferson City, MO 65102